

**EXHIBIT A**  
**1700 PENNSYLVANIA AVENUE, NW, FITNESS CENTER**  
**RULES AND REGULATIONS**

The following rules and regulations are intended to make the 1700 Pennsylvania Avenue, NW Fitness Center as safe, enjoyable, and pleasant as possible for all users. These rules are applicable to all users and may be changed from time to time by Akridge in order to provide for the safe, orderly, and enjoyable use of the facility and equipment.

1. **Use.** Only those individuals who are employed by a company who has executed an Indemnity and Release Agreement and have themselves executed a Waiver of Liability may use the facility; no guests are permitted. Users shall use the facilities and related equipment solely for aerobics, fitness, gymnastic, weight training, or other athletic use.
2. **Hours of Operation.** The facilities may be used anytime except during periods of repair, cleaning or emergency.
3. **Clothing.** The minimum attire at the facility shall be gym shorts, tee shirts, and tennis shoes. Any conventional exercise attire is permissible including leotards and tights, warm-up suits, etc. Sneakers, tennis shoes, dance slippers, or similar footwear must be worn at all times. Users of the facility must wear clean and appropriate attire when in transit to and from the facility, which may included, but is not limited to, warm-up suits and sweat suits.
4. **Conduct.** Any conduct which unreasonably interferes with the use or enjoyment of the facility or the equipment by other persons, or disrupts or interferes with the normal, safe, orderly, and efficient operation of the facility or the equipment, is strictly prohibited. Personal radios, tape recorders, or other similar equipment may not be used without headphones.\* Any persons in violation of this rule will be subject to immediate expulsion.
5. **Use of Tobacco Products.** Smoking of any kind or any other consumption of tobacco products is strictly prohibited.
6. **Solicitations and Petitions.** Solicitations for the sale of any product, service or charitable contributions, and petitions of any kind are strictly prohibited.
7. **Identification.** Users must present their magnetic access Kastle cardkeys upon request by Akridge employees for identification purposes. Akridge assumes no responsibility for lost or stolen access keys.
8. **Food and Beverages.** Food and beverages are prohibited and shall not be brought into the facility for consumption within the facility with the exception of water.
9. **Notices, Complaints, or Suggestions.** Users must immediately notify Akridge in the event they discover any unsafe or hazardous defect or condition relating to the facility or the equipment, or any serious breakage, sickness, fire, or disorder at the facility. Complaints or suggestions as to the operation, maintenance, services, or equipment at the facility are welcome. Such notices, complaints, or suggestions should be sent to Akridge: 601 Thirteenth Street, NW, Suite 300, Washington, DC 20005, to the attention of the 1700 Pennsylvania Avenue property management team.
10. **Locker and Shower Facilities.** All rules and regulations also apply to the locker and shower facilities. Lockers are for daily use only, however long term storage for personal items is prohibited.
11. **Violation of Rules.** Failure or refusal to comply with these rules and regulations may result in the loss of individual privileges upon notice from Akridge.
12. **Classes and Group Activities.** Akridge expressly reserves the right from time to time, and in its sole discretion, to initiate, permit, change, cancel, or discontinue classes or group activities. Whenever possible, Akridge will attempt to give adequate notice to users if classes or group activities are scheduled, changed, canceled, or discontinued.
13. **Maintenance.** No user shall leave any litter, trash, debris, or articles of clothing at the facility.

\* *EXCEPTION: In the spirit of cooperation, others may have to listen to music if there is an organized group working out, (i.e. aerobic workouts, etc.)*

**EXHIBIT B  
WAIVER OF LIABILITY**

In order to use the exercise (and weight training) facilities and equipment located at 1700 Pennsylvania, NW, Washington, DC (hereinafter referred to as "Fitness Center"), I hereby certify as follows:

1. I am in good physical condition and able to use the facilities and equipment and to participate in exercise and fitness activities available there. I will perform all exercises and participate in all activities at my own risk.
2. I understand that in participating in one or more exercises or fitness activities at the facility or in use of the equipment, there is a possibility of accidental or other physical injury. I AGREE TO ASSUME THE RISK OF SUCH INJURY AND INDEMNIFY AND HOLD HARMLESS THE MILLS BUILDING ASSOCIATES THE JOHN AKRIDGE COMPANY, THE JOHN AKRIDGE MANAGEMENT COMPANY AND ANY OFFICERS, DIRECTORS, SHAREHOLDERS, PARTNERS, EMPLOYEES, PERSONNEL, OR AGENTS THEREOF, FROM LIABILITY FOR ANY AND ALL INJURY, ILLNESS, HARM, OR DAMAGE RESULTING FROM MY USE OF THE FACILITY OR THE EQUIPMENT, EXCEPT TO THE EXTENT SUCH AN INJURY, ILLNESS, HARM, OR DAMAGE IS CAUSED BY THE TORTIOUS ACT OR GROSS NEGLIGENCE OF SUCH PARTIES.
3. I understand that there is no personnel, surveillance, or security provided in the Fitness Center to protect me from third parties or other harm, and I enter and use the Fitness Center at my own risk.
4. I acknowledge that I have received and read a copy of the Rules and Regulations attached hereto governing the use of the Fitness Center, equipment and courts, and I agree that I will fully comply with these Rules and Regulations as they are amended from time to time.

Witness/Attest (Office Manager ONLY):

By: \_\_\_\_\_

Participant: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Date: \_\_\_\_\_

Kastle Card Number: \_\_\_\_\_

Locker Room Access: Male  Female

**The Mills Building  
1700 Pennsylvania Avenue, NW  
Washington, DC 20006  
Bike Room Waiver of Liability**

In order to use the bike enclosure located at **1700 Pennsylvania Avenue NW** Washington, DC (hereinafter referred to as "Bike Room"), I hereby certify as follows:

1. **Use.** Only those individuals who have executed a Waiver of Liability may use the Bike Room; no guests are permitted.
2. **Hours of Operation.** The Bike Room may be used anytime except during periods of repair, cleaning or emergency.
3. **Conduct.** Any conduct which unreasonably interferes with the use of enjoyment of the facility by other persons, or disrupts or interferes with the normal, safe, orderly, and efficient operation of the bike room or equipment is strictly prohibited.
4. **Violation of Rules.** Failure or refusal to comply with these rules and regulation may result in the loss of individual privileges upon notice from Akridge.
5. **Maintenance.** No user shall leave any litter, trash, debris, or articles of clothing in the bike room.
6. I understand that in using the Bike Room, there is possibility of accidental or other physical injury and/or loss or damage of property (collectively, "Loss"). I AGREE TO ASSUME THE RISK OF SUCH LOSS AND INDEMNIFY AND HOLD HARMLESS 16<sup>TH</sup> STREET INVESTORS, LLC ("LANDLORD") AND ANY OFFICERS, DIRECTORS, SHAREHOLDERS, PARTNERS, EMPLOYEES, PERSONNEL, OR AGENTS OF LANDLORD, FROM LIABILITY FOR ANY AND ALL INJURY, ILLNESS, HARM, LOSS OR DAMAGE RESULTING FROM MY USE OF THE BIKE ROOM.
7. I understand that there is no personnel, surveillance, or security provided in the Bike Room to protect me or my property from this parties or other harm, and I enter and use the Bike room at my own risk.
8. I acknowledge that I will abide by all rules and regulations governing the use of the Bike Room that may be adopted from time to time.
9. I agree that I will not lend my bike room key to anyone on penalty of revocation without notification.
10. A agree that I will not use my key to allow anyone into the Bike Room with my key on penalty of revocation without notice.
11. I agree that I will be responsible for any damage I cause to the equipment in the Bike Room or to the Bike Room itself.

**USER OF THE BIKE ROOM:**

Witness/Attest (Office Manager ONLY):

By: \_\_\_\_\_

Participant: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Date: \_\_\_\_\_

Kastle Card Number: \_\_\_\_\_